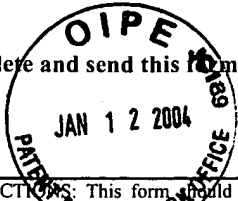


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21

7590

10/09/2003

Koda & Androlia
 2029 Century Park East
 Suite 1430
 Los Angeles, CA 90067-3024

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H. Henry Koda, Reg. No. 27,729 (Depositor's name)
 (Signature)
 January 7, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074,623	02/13/2002	Yoshikazu Nakayama	57A 3217	7348

TITLE OF INVENTION: LIGHT RECEIVING AND EMITTING PROBE AND LIGHT RECEIVING AND EMITTING PROBE APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	01/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEYER, DAVID C	2878	250-234000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached: Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

YOSHIKAZU NAKAYAMA
 and DAIKEN CHEMICAL CO., LTD. Both of OSAKA, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☒ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1445 (enclose an extra copy of this form).

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H. Henry Koda, Reg. No. 27,729 1/7/04

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01 FC:2501
 02 FC:1504
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665.00 OP
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